

Reproduced Form
19-1004

MOTOR CARRIER (CA) #

0604552

CERTIFICATE OF INSURANCE

Motor Carriers of Property

INSURER (INSURANCE COMPANY) NAME AND ADDRESS Accredited Surety and Casualty Company, Inc. 4798 New Broad Street, Suite 200, Orlando, FL, 32814		NAIC # 26379	Status: <input checked="" type="checkbox"/> Licensed to write insurance in the State of California (Admitted Insurer) <input checked="" type="checkbox"/> Non-admitted Insurer subject to Section 1763 of the California Insurance Code. Brazos Specialty Risk Ins	
		SURPLUS LINE BROKER # 0E82501	SURPLUS LINE BROKER NAME <input type="checkbox"/> Charitable Risk Pool <input type="checkbox"/> Risk Retention Group	
		OTHER #		
INSURED (MOTOR CARRIER) NAME AND ADDRESS I Truck U Inc 22139 Cantlay St, Canoga Park, CA, 91303			Filed with the: California Department of Motor Vehicles Registration Operations Division P. O. Box 932370 MS H875 Sacramento, CA 94232-3700 (916) 657-8153	
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	LIMITS	
PRIMARY LIABILITY <input type="checkbox"/> Coverage below statutory minimum limits. <input checked="" type="checkbox"/> Coverage equal to or exceeding statutory minimum limits.	1BWHCA1901463300-00	01/18/24	COMBINED SINGLE LIMIT	\$ 750K
			BODILY INJURY OR DEATH (ONE PERSON)	\$
			BODILY INJURY OR DEATH (MORE THAN ONE PERSON)	\$
			PROPERTY DAMAGE	\$
EXCESS LIABILITY <input type="checkbox"/> Coverage between primary coverage and statutory minimum limits. <input type="checkbox"/> Coverage provided at or above statutory minimum limits.			COMBINED SINGLE LIMIT	\$ _____ in excess of \$ _____
			BODILY INJURY (ONE PERSON)	\$ _____ in excess of \$ _____
			BODILY INJURY OR DEATH (MORE THAN ONE PERSON)	\$ _____ in excess of \$ _____
			PROPERTY DAMAGE	\$ _____ in excess of \$ _____
WORKERS' COMPENSATION			<input type="checkbox"/> WC Statutory Limits	

Insurer certifies to each of the following:

- The motor carrier of property (Insured) identified herein is covered by an insurance policy providing bodily injury or death liability, property damage liability insurance, or workers' compensation insurance within the coverage limits identified above as required by California Vehicle Code (CVC) Sections 34630, 34631.5, and 34640, and by Part 387 of Title 49 of the Code of Federal Regulations.
- This insurance policy covers all vehicles used in conducting the service performed by the Insured for which a motor carrier permit is required whether or not said vehicle is listed in the insurance policy.
- A fully executed endorsement, on a form authorized by the Department of Motor Vehicles (DMV), is attached to the referenced policy to conform to the requirements of the Motor Carriers of Property Permit Act, CVC Section 34600 and following, and the rules and regulations of the DMV. (This provision does not apply to Workers' Compensation Insurance.)
- For the purposes of Charitable Risk Pool coverage, this policy meets the requirements of the CVC Section 34631 (d).
- For the purposes of Risk Retention Group coverage, this policy meets the requirements of the Risk Retention Act of 1991, California Insurance Code Section 125 and following, and is authorized to do business in California.

Insurer agrees to each of the following:

- This Certificate of Insurance shall not be canceled on less than thirty (30) days notice from the Insurer to the DMV and written on a Notice of Cancellation form authorized by the DMV, and that the thirty (30) day period commences to run from the date the Notice of Cancellation form was actually received at the office of the California Department of Motor Vehicles, Registration Operations Division, in Sacramento, California.
- A duplicate original of the referenced policy, a DMV authorized endorsement, and all other related endorsements and documentation, shall be furnished to DMV upon request.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE Joanne Dodd	TELEPHONE NUMBER (469) 3400067	EMAIL ADDRESS jdodd@bsrinsurance.com
SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE <input checked="" type="checkbox"/> Joanne Dodd	EXECUTED AT (CITY AND STATE) Lake Dallas TX	DATE 02/02/2024